		FOR OHF USE					

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2001
STATE OF ILLINOIS
DEPARTMENT OF PUBLIC AID
FINANCIAL AND STATISTICAL REPORT FOR LONG-TERM CARE FACILITIES
(FISCAL YEAR 2001)

IMPORTANT NOTICE
THIS AGENCY IS REQUESTING DISCLOSURE OF INFORMATION THAT IS NECESSARY TO ACCOMPLISH THE STATUTOR PURPOSE AS OUTLINED IN 210 ILCS 45/3-208. DISCLOSURE OF THIS INFORMATION IS MANDATORY. FAILURE TO PROVIDE ANY INFORMATION ON OR BEFORE THE DUE DATE WILL RESULT IN CESSATION OF PROGRAM PAYMENTS. THIS FORM HAS BEEN APPROVED BY THE FORMS MANAGEMENT CENTER.

I. IDPH Facility ID Number: 0038919

Facility Name: Arcola Health Care Center

Address: 422 East Fourth South Street (Number) Arcola (City) 61910 (Zip Code)

County: Douglas

Telephone Number: (217) 268-3022 **Fax #** (217) 268-4180

IDPA ID Number: 371316056001

Date of Initial License for Current Owners: 11/09/93

Type of Ownership:

[ ]	VOLUNTARY,NON-PROFIT	[X]	PROPRIETARY	[ ]	GOVERNMENTAL
[ ]	Charitable Corp.	[ ]	Individual	[ ]	State
[ ]	Trust	[ ]	Partnership	[ ]	County
IRS Exemption Code		[ ]	Corporation	[ ]	Other
		[X]	"Sub-S" Corp.		
		[ ]	Limited Liability Co.		
		[ ]	Trust		
		[ ]	Other		

In the event there are further questions about this report, please contact:
Name: Chris Hanover **Telephone Number:** (312) 634-3400
Please send copies of desk review and audit adjustments to address on this page

II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER

I have examined the contents of the accompanying report to th State of Illinois, for the period from 01/01/01 to 12/31/01 and certify to the best of my knowledge and belief that the said content are true, accurate and complete statements in accordance witl applicable instructions. Declaration of preparer (other than provide is based on all information of which preparer has any knowledge

Intentional misrepresentation or falsification of any informatio in this cost report may be punishable by fine and/or imprisonmen

Officer or Administrator of Provider
(Signed) _____ (Date)
(Type or Print Name) _____
(Title) _____

Paid Preparer
(Signed) SEE ACCOUNTANTS' COMPILATION REPORT (Date)
(Print Name and Title) _____
(Firm Name & Address) Altschuler, Melvoin and Glasser LLP, One South Wacker Drive, Suite 800, Chicago, IL 60606
(Telephone) (312) 634-3400 Fax # (312) 634-5518

MAIL TO: OFFICE OF HEALTH FINANCE
ILLINOIS DEPARTMENT OF PUBLIC AID
201 S. Grand Avenue East
Springfield, IL 62763-0001 Phone # (217) 782-1630

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Arcola Health Care Center # 0038919 Report Period Beginning: 01/01/01 Ending: 12/31/01

III. STATISTICAL DATA

A. Licensure/certification level(s) of care; enter number of beds/bed days, (must agree with license). Date of change in licensed beds N/A

	1 Beds at Beginning of Report Period	2 Licensure Level of Care	3 Beds at End of Report Period	4 Licensed Bed Days During Report Period	
1	100	Skilled (SNF)	100	36,500	1
2		Skilled Pediatric (SNF/PED)			2
3		Intermediate (ICF)			3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	100	TOTALS	100	36,500	7

B. Census-For the entire report period.

	1 Level of Care	2 Patient Days by Level of Care and Primary Source of Payment: Public Aid Recipient	3 Private Pay	4 Other	5 Total	
8	SNF					8
9	SNF/PED					9
10	ICF	29,023	5,816		34,839	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	29,023	5,816		34,839	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 95.45%

D. How many bed-hold days during this year were paid by Public Aid?
0 (Do not include bed-hold days in Section B.)

E. List all services provided by your facility for non-patients.
(E.g., day care, "meals on wheels", outpatient therapy)
None

F. Does the facility maintain a daily midnight census? Yes

G. Do pages 3 & 4 include expenses for services or investments not directly related to patient care?
YES [X] NO [ ] Non-allowable costs have been eliminated in Schedule V, Column 7

H. Does the BALANCE SHEET (page 17) reflect any non-care assets?
YES [X] NO [ ]

I. On what date did you start providing long term care at this location
Date started 11/09/93

J. Was the facility purchased or leased after January 1, 1978?
YES [X] Date 11/09/93 NO [ ]

K. Was the facility certified for Medicare during the reporting year?
YES [ ] NO [X] If YES, enter number of beds certified 0 and days of care provided 0

Medicare Intermediary n/a

IV. ACCOUNTING BASIS

ACCRUAL [X] MODIFIED CASH* [ ] CASH* [ ]

Is your fiscal year identical to your tax year? YES [X] NO [ ]

Tax Year: 12/31/01 Fiscal Year: 12/31/01

* All facilities other than governmental must report on the accrual basi

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Arcola Health Care Center # 0038919 Report Period Beginning: 01/01/01 Ending: 12/31/01

V. COST CENTER EXPENSES (throughout the report, please round to the nearest dollar

	Operating Expenses	Costs Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR OHF USE ONLY		
		Salary/Wage	Supplies	Other	Total							
	A. General Services	1	2	3	4	5	6	7**	8	9	10	
1	Dietary	132,014	15,498	1,349	148,861		148,861	31	148,892			1
2	Food Purchase		157,720		157,720		157,720	(3,094)	154,626			2
3	Housekeeping	90,108	12,493		102,601		102,601		102,601			3
4	Laundry	42,754	7,658		50,412		50,412		50,412			4
5	Heat and Other Utilities			80,587	80,587		80,587	572	81,159			5
6	Maintenance	32,976	29,881	6,348	69,205		69,205	3,104	72,309			6
7	Other (specify):*											7
8	TOTAL General Services	297,852	223,250	88,284	609,386		609,386	613	609,999			8
	B. Health Care and Programs											
9	Medical Director			12,900	12,900		12,900		12,900			9
10	Nursing and Medical Records	778,527	40,357	1,438	820,322		820,322	(100)	820,222			10
10a	Therapy			246	246		246		246			10a
11	Activities	27,227	1,396	1,416	30,039		30,039		30,039			11
12	Social Services	56,533	312	1,166	58,011		58,011	6	58,017			12
13	Nurse Aide Training											13
14	Program Transportation											14
15	Other (specify):*											15
16	TOTAL Health Care and Programs	862,287	42,065	17,166	921,518		921,518	(94)	921,424			16
	C. General Administration											
17	Administrative	173,123		82,775	255,898		255,898	(82,775)	173,123			17
18	Directors Fees											18
19	Professional Services			31,000	31,000		31,000	4,808	35,808			19
20	Dues, Fees, Subscriptions & Promotions			9,689	9,689		9,689	26	9,715			20
21	Clerical & General Office Expense	74,109	7,000	15,979	97,088		97,088	11,430	108,518			21
22	Employee Benefits & Payroll Taxe			203,451	203,451		203,451	17,783	221,234			22
23	Inservice Training & Educatior			1,217	1,217		1,217	63	1,280			23
24	Travel and Seminar			2,346	2,346		2,346	1,863	4,209			24
25	Other Admin. Staff Transportatior			5,287	5,287		5,287	2,077	7,364			25
26	Insurance-Prop.Liab.Malpractice			50,484	50,484		50,484	2,577	53,061			26
27	Other (specify):*											27
28	TOTAL General Administration	247,232	7,000	402,228	656,460		656,460	(42,148)	614,312			28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	1,407,371	272,315	507,678	2,187,364		2,187,364	(41,629)	2,145,735			29

*Attach a schedule if more than one type of cost is included on this line, or if the total exceeds $100(SEE ACCOUNTANTS' COMPILATION REPORT

NOTE: Include a separate schedule detailing the reclassifications made in column 5. Be sure to include a detailed explanation of each reclassificatior

Facility Name & ID Number Arcola Health Care Center #0038919 Report Period Beginning: 01/01/01 Ending: 12/31/01

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR OHF USE ONLY		
		Salary/Wage	Supplies	Other	Total							
	D. Ownership	1	2	3	4	5	6	7**	8	9	10	
30	Depreciation			54,827	54,827		54,827	9,613	64,440			30
31	Amortization of Pre-Op. & Org											31
32	Interest			147,640	147,640		147,640	(35,197)	112,443			32
33	Real Estate Taxes			21,543	21,543		21,543	(2,650)	18,893			33
34	Rent-Facility & Grounds							3,602	3,602			34
35	Rent-Equipment & Vehicles			579	579		579	2,508	3,087			35
36	Other (specify):*											36
37	**TOTAL Ownership**			224,589	224,589		224,589	(22,124)	202,465			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportatior											38
39	Ancillary Service Centers											39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			54,750	54,750		54,750		54,750			42
43	Other (specify):* Nonallowable costs			25,666	25,666		25,666	(25,666)				43
44	**TOTAL Special Cost Centers**			80,416	80,416		80,416	(25,666)	54,750			44
45	**GRAND TOTAL COST (sum of lines 29, 37 & 44)**	1,407,371	272,315	812,683	2,492,369		2,492,369	(89,419)	2,402,950			45

***Attach a schedule if more than one type of cost is included on this line, or if the total exceeds $1000.**

****See schedule of adjustments attached at end of cost report**

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Arcola Health Care Center # 0038919 Report Period Beginning: 01/01/01 Ending: 12/31/01

VI. ADJUSTMENT DETAIL

A. The expenses indicated below are non-allowable and should be adjusted out of Schedule V, pages 3 or 4 via column 7. In column 2 below, reference the line on which the particular cost was included. (See instructions.

	NON-ALLOWABLE EXPENSES	1 Amount	2 Reference	3 OHF USE ONLY	
1	Day Care	$		$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals	(3,094)	2		4
5	Telephone, TV & Radio in Resident Rooms	(3,839)	43		5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients	(100)	10		7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation	1,243	30		9
10	Interest and Other Investment Income	(31,915)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax				13
14	Non-Care Related Interest	(4,650)	32		14
15	Non-Care Related Owner's Transactions	(2,203)	33		15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees	(420)	20		17
18	Fines and Penalties				18
19	Entertainment				19
20	Contributions	(715)	43		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt				24
25	Fund Raising, Advertising and Promotiona	(4,028)	43		25
26	Income Taxes and Illinois Persona Property Replacement Tax				26
27	Nurse Aide Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule See Schedule 5A	(17,656)			29
30	**SUBTOTAL (A): (Sum of lines 1-29)**	$ (67,377)		$	30

OHF USE ONLY								
48		49		50		51		52

B. If there are expenses experienced by the facility which do not appear in the general ledger, they should be entered below.(See instructions.)

		1 Amount	2 Reference	
31	Non-Paid Workers-Attach Schedule*	$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organizatior Costs (Schedule VII)	(22,042)		34
35	Other- Attach Schedule			35
36	**SUBTOTAL (B): (sum of lines 31-35)**	$ (22,042)		36
37	**TOTAL ADJUSTMENTS (sum of SUBTOTALS (A) and (B))**	$ (89,419)		37

*These costs are only allowable if they are necessary to meet minimum licensing standards. Attach a schedule detailing the items included on these lines.

C. Are the following expenses included in Sections A to D of pages 3 and 4? If so, they should be reclassified into Section E. Please reference the line on which they appear before reclassification (See instructions.)

		1 Yes	2 No	3 Amount	4 Reference	
38	Medically Necessary Transport		X	$		38
39						39
40	Gift and Coffee Shops		X			40
41	Barber and Beauty Shops		X			41
42	Laboratory and Radiology		X			42
43	Prescription Drugs		X			43
44	Exceptional Care Program		X			44
45	Other-Attach Schedule		X			45
46	Other-Attach Schedule		X			46
47	**TOTAL (C): (sum of lines 38-46)**			$		47

SEE ACCOUNTANTS' COMPILATION REPORT

Arcola Health Care Center

ID# 0038919

Report Period Beginning: 01/01/01

Ending: 12/31/01

	NON-ALLOWABLE EXPENSES	Amount	Sch. V Line Reference	
1	Offset Vending Machine Income	$ (13,952)	43	1
2	Offset Miscellaneous Income	(2,397)	21	2
3	Disallow Miscellaneous Expense	(513)	43	3
4	Non-Care Real Estate Tax	(447)	33	4
5	Deferred Maintenance Expensed	2,404	6	5
6	Disallow Special Events	(2,619)	43	6
7	Disallow non-care related depreciation	(132)	30	7
8				8
9				9
10				10
11				11
12				12
13				13
14				14
15				15
16				16
17				17
18				18
19				19
20				20
21				21
22				22
23				23
24				24
25				25
26				26
27				27
28				28
29				29
30				30
31				31
32				32
33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	**Total**	(17,656)		49

STATE OF ILLINOIS **Summary A**

Facility Name & ID Number Arcola Health Care Center **#** 0038919 **Report Period Beginning:** 01/01/01 **Ending:** 12/31/01

SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

	Operating Expenses	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	A. General Services													
1	Dietary	0	31	0	0	0	0	0	0	0	0	0	31	1
2	Food Purchase	(3,094)	0	0	0	0	0	0	0	0	0	0	(3,094)	2
3	Housekeeping	0	0	0	0	0	0	0	0	0	0	0	0	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	0	572	0	0	0	0	0	0	0	0	0	572	5
6	Maintenance	2,404	700	0	0	0	0	0	0	0	0	0	3,104	6
7	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	7
8	**TOTAL General Services**	(690)	1,303	0	0	0	0	0	0	0	0	0	613	8
	B. Health Care and Programs													
9	Medical Director	0	0	0	0	0	0	0	0	0	0	0	0	9
10	Nursing and Medical Records	(100)	0	0	0	0	0	0	0	0	0	0	(100)	10
10a	Therapy	0	0	0	0	0	0	0	0	0	0	0	0	10a
11	Activities	0	0	0	0	0	0	0	0	0	0	0	0	11
12	Social Services	0	6	0	0	0	0	0	0	0	0	0	6	12
13	Nurse Aide Training	0	0	0	0	0	0	0	0	0	0	0	0	13
14	Program Transportation	0	0	0	0	0	0	0	0	0	0	0	0	14
15	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	15
16	**TOTAL Health Care and Programs**	(100)	6	0	0	0	0	0	0	0	0	0	(94)	16
	C. General Administration													
17	Administrative	0	(82,775)	0	0	0	0	0	0	0	0	0	(82,775)	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	0	4,808	0	0	0	0	0	0	0	0	0	4,808	19
20	Fees, Subscriptions & Promotions	(420)	446	0	0	0	0	0	0	0	0	0	26	20
21	Clerical & General Office Expenses	(2,397)	13,827	0	0	0	0	0	0	0	0	0	11,430	21
22	Employee Benefits & Payroll Taxes	0	17,783	0	0	0	0	0	0	0	0	0	17,783	22
23	Inservice Training & Education	0	63	0	0	0	0	0	0	0	0	0	63	23
24	Travel and Seminar	0	1,863	0	0	0	0	0	0	0	0	0	1,863	24
25	Other Admin. Staff Transportation	0	2,077	0	0	0	0	0	0	0	0	0	2,077	25
26	Insurance-Prop.Liab.Malpractice	0	2,577	0	0	0	0	0	0	0	0	0	2,577	26
27	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	27
28	**TOTAL General Administration**	(2,817)	(39,331)	0	0	0	0	0	0	0	0	0	(42,148)	28
29	**TOTAL Operating Expense (sum of lines 8,16 & 28)**	(3,607)	(38,022)	0	0	0	0	0	0	0	0	0	(41,629)	29

STATE OF ILLINOIS **Summary B**

Facility Name & ID Number Arcola Health Care Center **#** 0038919 **Report Period Beginning:** 01/01/01 **Ending:** 12/31/01

SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

	Capital Expense	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY TOTALS	
	D. Ownership	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	(to Sch V, col.7)	
30	Depreciation	1,111	0	8,502	0	0	0	0	0	0	0	0	9,613	30
31	Amortization of Pre-Op. & Org	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(36,565)	0	1,368	0	0	0	0	0	0	0	0	(35,197)	32
33	Real Estate Taxes	(2,650)	0	0	0	0	0	0	0	0	0	0	(2,650)	33
34	Rent-Facility & Grounds	0	0	3,602	0	0	0	0	0	0	0	0	3,602	34
35	Rent-Equipment & Vehicles	0	0	2,508	0	0	0	0	0	0	0	0	2,508	35
36	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	36
37	**TOTAL Ownership**	(38,104)	0	15,980	0	0	0	0	0	0	0	0	(22,124)	37
	Ancillary Expense													
	E. Special Cost Centers													
38	Medically Necessary Transportatior	0	0	0	0	0	0	0	0	0	0	0	0	38
39	Ancillary Service Centers	0	0	0	0	0	0	0	0	0	0	0	0	39
40	Barber and Beauty Shops	0	0	0	0	0	0	0	0	0	0	0	0	40
41	Coffee and Gift Shops	0	0	0	0	0	0	0	0	0	0	0	0	41
42	Provider Participation Fee	0	0	0	0	0	0	0	0	0	0	0	0	42
43	Other (specify):*	(25,666)	0	0	0	0	0	0	0	0	0	0	(25,666)	43
44	**TOTAL Special Cost Centers**	(25,666)	0	0	0	0	0	0	0	0	0	0	(25,666)	44
45	**GRAND TOTAL COST (sum of lines 29, 37 & 44)**	(67,377)	(38,022)	15,980	0	0	0	0	0	0	0	0	(89,419)	45

Facility Name & ID Number Arcola Health Care Center # 0038919 Report Period Beginning: 01/01/01 Ending: 12/31/01

VII. RELATED PARTIES

A. Enter below the names of ALL owners and related organizations (parties) as defined in the instructions. Attach an additional schedule if necessary.

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
James Petersen	100.00%	See Attached Schedule		See Attached Schedule		

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. [X] YES [ ] NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
1	V	1	Dietary	$	Petersen Health Care Companies	100.00%	$ 31	$ 31	1
2	V	5	Utilities		Petersen Health Care Companies	100.00%	572	572	2
3	V	6	Maintenance Supplies		Petersen Health Care Companies	100.00%	700	700	3
4	V	12	Social Services		Petersen Health Care Companies	100.00%	6	6	4
5	V	17	Administrative	82,775	Petersen Health Care Companies	100.00%		(82,775)	5
6	V	19	Professional Services		Petersen Health Care Companies	100.00%	4,808	4,808	6
7	V	20	Fees, Subscriptions & Dues		Petersen Health Care Companies	100.00%	446	446	7
8	V	21	Clerical & General Office Exp.		Petersen Health Care Companies	100.00%	13,827	13,827	8
9	V	22	Employee Benefits		Petersen Health Care Companies	100.00%	17,783	17,783	9
10	V	23	Inservice Training & Education		Petersen Health Care Companies	100.00%	63	63	10
11	V	24	Travel & Seminar		Petersen Health Care Companies	100.00%	1,863	1,863	11
12	V	25	Other Admin. Staff Transport.		Petersen Health Care Companies	100.00%	2,077	2,077	12
13	V	26	Insurance-Prop.Liab.Malpractice		Petersen Health Care Companies	100.00%	2,577	2,577	13
14	Total			$ 82,775			$ 44,753	$ * (38,022)	14

* Total must agree with the amount recorded on line 34 of Schedule VI

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Arcola Health Care Center # 0038919 Report Period Beginning: 01/01/01 Ending: 12/31/01

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. [X] YES [ ] NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V	30	Depreciation	$	Petersen Health Care Companies	100.00%	$ 8,502	$ 8,502	15
16	V	32	Interest		Petersen Health Care Companies	100.00%	1,368	1,368	16
17	V	34	Rent - Facility & Grounds		Petersen Health Care Companies	100.00%	3,602	3,602	17
18	V	35	Rent - Equipment & Vehicles		Petersen Health Care Companies	100.00%	2,508	2,508	18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			$			$ 15,980	$ * 15,980	39

* Total must agree with the amount recorded on line 34 of Schedule VI

Arcola Health Care Center
Provider # 0038919
12/31/2001

VII Related Parties-Page 6

Related Nursing Home	City
Robings Manor Nursing Home	Brighton, IL
Countryview Terrace	Louisville, IL
Sunset Manor Nursing Home	Canton, IL
Kewanee Care Home	Kewanee, IL
Arcola Health Care Center	Arcola, IL
Eastview Terrace	Sullivan, IL
Havana Health Care Center	Havana, IL
Prairie City Health Care Center	Prairie City, IL
Out of State Nursing Home	
Friendly Village	Rhinelander, WI
Horizons Unlimited	Rhinelander, WI
Taylor Park	Rhinelander, WI
Passport	Rhinelander, WI
Meadow Lawn Nursing Center	Davenport, IA
Cumberland Heights-Tomahawk	Tomahawk, WI
Maple Park	Rhinelander, WI
Opportunities Unlimited (Workshop setup, no beds)	
Other Related Business Entities	
Petersen Health Care Companies	Peoria, IL Management/ Bookkeeping
Petersen Property	Canton, IL Building-Sunset Manor

Facility Name & ID Number Arcola Health Care Center # 0038919 Report Period Beginning: 01/01/01 Ending: 12/31/01

VII. RELATED PARTIES (continued)

C. Statement of Compensation and Other Payments to Owners, Relatives and Members of Board of Directors.

NOTE: ALL owners (even those with less than 5% ownership) and their relatives who receive any type of compensation from this home must be listed on this schedule.

	1	2	3	4	5	6		7		8	
						Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		Compensation Included in Costs for this Reporting Period**			
	Name	Title	Function	Ownership Interest	Compensation Received From Other Nursing Homes*	Hours	Percent	Description	Amount	Schedule V. Line & Column Reference	
1	James Petersen	President	Administrative	100.00%	477,740	6.25	15.63	Salary	$ 88,261	L17, C1	1
2	Mark Petersen	Secretary	Administrative	0.00%	207,260	6.24	15.60	Salary	38,291	L17, C1	2
3	Todd Petersen	Administration	Administrative	0.00%	60,211	6.26	15.64	Salary	11,124	L21, C1	3
4											4
5											5
6											6
7											7
8											8
9											9
10											10
11											11
12											12
13								TOTAL	$ 137,676		13

* If the owner(s) of this facility or any other related parties listed above have received compensation from other nursing homes, attach a schedule detailing the name(s) of the home(s) as well as the amount paid. THIS AMOUNT MUST AGREE TO THE AMOUNTS CLAIMED ON THE THE OTHER NURSING HOMES' COST REPORTS.

** This must include all forms of compensation paid by related entities and allocated to Schedule V of this report (i.e., management fees). FAILURE TO PROPERLY COMPLETE THIS SCHEDULE INDICATING ALL FORMS OF COMPENSATION RECEIVED FROM THIS HOME ALL OTHER NURSING HOMES AND MANAGEMENT COMPANIES MAY RESULT IN THE DISALLOWANCE OF SUCH COMPENSATION

Arcola Health Care Center
Provider # 0038919
12/31/2001

Schedule 7A

VII. Related Parties (continued)
C. Statement of Compensation and Other Payments to Owners, Relatives and Members of Board of Directors.
Compensation Received From Other Nursing Homes

Name	Kewanee Care Center	Bement Health Care	Country View Terrace	Eastview Terrace	Meadow Lawn Nursing	Robings Manor	Sunset Manor	Havana Care Center	Prairie City	Total	Arcola Health Care	Grand Total
James Petersen	68,695	53,064	14,795	52,568	58,818	60,034	91,851	59,421	18,494	477,740	88,261	566,001
Mark Petersen	29,802	23,021	6,419	22,806	25,517	26,045	39,848	25,779	8,023	207,260	38,291	245,551
Todd Petersen	8,658	6,688	1,865	6,625	7,413	7,566	11,576	7,489	2,331	60,211	11,124	71,335
Total Compensation Received From Other Nursing Homes	107,155	82,773	23,079	81,999	91,748	93,645	143,275	92,689	28,848	745,211	137,676	882,887

See Accountants' Compilation Report

Facility Name & ID Number Arcola Health Care Center # 0038919 Report Period Beginning: 01/01/01 Ending: 12/31/01

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central offic or parent organization costs? (See instructions. YES [X] NO [ ]

B. Show the allocation of costs below. If necessary, please attach worksheet

Name of Related Organization: Petersen Health Care Companies
Street Address: 7218 North Villa Lake
City / State / Zip Code: Peoria, Illinois 61614
Phone Number: (309) 691-8113
Fax Number: (309) 691-8622

	1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1	1	Housekeeping	Patient Days	223,416	8	$ 200	$	34,839	$ 31	1
2	5	Utilities	Patient Days	223,416	8	3,666		34,839	572	2
3	6	Maintenance	Patient Days	223,416	8	4,490		34,839	700	3
4	12	Social Services	Patient Days	223,416	8	40		34,839	6	4
5	19	Professional Service	Patient Days	223,416	8	30,834		34,839	4,808	5
6	20	Fees, Subscriptions & Dues	Patient Days	223,416	8	2,859		34,839	446	6
7	21	Clerical & General Office Exp.	Patient Days	223,416	8	88,667		34,839	13,827	7
8	22	Employee Benefits	Patient Days	223,416	8	114,040		34,839	17,783	8
9	23	Inservice Training & Education	Patient Days	223,416	8	402		34,839	63	9
10	24	Travel & Seminar	Patient Days	223,416	8	11,946		34,839	1,863	10
11	25	Other Admin. Staff Transport.	Patient Days	223,416	8	13,319		34,839	2,077	11
12	26	Insurance	Patient Days	223,416	8	16,524		34,839	2,577	12
13	30	Depreciation	Patient Days	223,416	8	54,520		34,839	8,502	13
14	32	Interest	Patient Days	223,416	8	8,774		34,839	1,368	14
15	34	Rent - Facility & Grounds	Patient Days	223,416	8	23,100		34,839	3,602	15
16	35	Rent - Equipment & Vehicles	Patient Days	223,416	8	16,083		34,839	2,508	16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					$ 389,464	$		$ 60,733	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Arcola Health Care Center # 0038919 Report Period Beginning: 01/01/01 Ending: 12/31/01

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

A. Interest: (Complete details must be provided for each loan - attach a separate schedule if necessary.)

	1	2		3	4	5	6	7	8	9	10	
	Name of Lender	Related**		Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense	
		YES	NO				Original	Balance				
	A. Directly Facility Related											
	Long-Term											
1	First National Bank-Arcola		X	Mortgage	$15,570.00	07/31/96	$ 1,497,244	$ 1,177,765	5/15/11	0.0895	$ 105,064	1
2	Peoples National Bank		X	Van Loan	$873.00	08/09/98	31,439	0	08/13/01	0.0850	718	2
3												3
4												4
5												5
	Working Capital											
6	First National Bank-Arcola		X	Line of Credit	varies	05/09/97	270,000	460,000	Demand	0.0850	37,208	6
7												7
8												8
9	TOTAL Facility Related				$16,443.00		$ 1,798,683	$ 1,637,765			$ 142,990	9
	B. Non-Facility Related*											
10	First National Bank-Arcola		X	Mortgage on House	$485.00	05/15/96	62,800	57,263	05/15/11	0.0800	4,650	10
11								Offset Interest Income			(31,915)	11
12								Allocated from Home Office			1,368	12
13								Disallow Non-Care Interest			(4,650)	13
14	TOTAL Non-Facility Related				$485.00		$ 62,800	$ 57,263			$ (30,547)	14
15	TOTALS (line 9+line14)						$ 1,861,483	$ 1,695,028			$ 112,443	15

* Any interest expense reported in this section should be adjusted out on page 5, line 14 and, consequently, page 4, col. 7. (See instructions.)

** If there is ANY overlap in ownership between the facility and the lender, this must be indicated in column 2. (See instructions.)

Facility Name & ID Number Arcola Health Care Center # 0038919 Report Period Beginning: 01/01/01 Ending: 12/31/01

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE (continued)

B. Real Estate Taxes

1. Real Estate Tax accrual used on 2000 report. *Important*, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.		$ 20,771	1
2. Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.)	2000	$ 20,933	2
3. Under or (over) accrual (line 2 minus line 1).		$ 162	3
4. Real Estate Tax accrual used for 2001 report. (Detail and explain your calculation of this accrual on the lines below.)		$ 20,933	4
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. **(Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)**		$	5
6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. **TOTAL REFUND $ For 19 Tax Year. (Attach a copy of the real estate tax appeal board's decision.)**		$	6
	Non-Care Real Estate Taxes	(2,202)	
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.		$ 18,893	7

Real Estate Tax History:

Real Estate Tax Bill for Calendar Year:			
	1996	15,458	8
	1997	18,394	9
	1998	20,465	10
	1999	20,770	11
	2000	20,933	12

Accrual is equal to 100% of the 2000 Real Estate Tax Bill of $ 20933

The Real Estate Tax Expense includes $ 2,203 on non-care asset.

	FOR OHF USE ONLY		
13	FROM R. E. TAX STATEMENT FOR 2000	$	13
14	PLUS APPEAL COST FROM LINE 5	$	14
15	LESS REFUND FROM LINE 6	$	15
16	AMOUNT TO USE FOR RATE CALCULATION	$	16

NOTES:

1. **Please indicate a negative number by use of brackets( ). Deduct any overaccrual o taxes from prior year.**
2. **If facility is a non-profit which pays real estate taxes, you must attach a denial of ar application for real estate tax exemption unless the building is rented from a for-profit entity**
   This denial must be no more than four years old at the time the cost report is filed.

IMPORTANT NOTICE

TO: Long Term Care Facilities with Real Estate Tax Rates **RE:** 2000 REAL ESTATE TAX COST DOCUMENTATION

In order to set the real estate tax portion of the capital rate, it is necessary that we obtain additional information regarding your calendar 2000 real estate tax costs, as well as copies of your real estate tax bills for calendar 2000.

Please complete the Real Estate Tax Statement below and forward with a copy of your 2000 real estate tax bill to the Department of Public Aid, Office of Health Finance, 201 South Grand Avenue East, Springfield, Illinois 62763.

Please send these items in with your completed 2001 cost report. The cost report will not be considered complete and timely filed until this statement and the corresponding real estate tax bills are filed. If you have any questions, please call the Office of Health Finance at (217) 782-1630.

2000 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Arcola Health Care Center COUNTY Douglas

FACILITY IDPH LICENSE NUMBER 0038919

CONTACT PERSON REGARDING THIS REPORT Mark Petersen

TELEPHONE (309) 691-8113 FAX #: (309) 691-8622

A. **Summary of Real Estate Tax Cost**

Enter the tax index number and real estate tax assessed for 2000 on the lines provided below. Enter only the portion of the cost that applies to the operation of the nursing home in Column D. Real estate tax applicable to any portion of the nursing home property which is vacant, rented to other organizations, or used for purposes other than long term care must not be entered in Column D. Do not include cost for any period other than calendar year 2000.

	(A) Tax Index Number	(B) Property Description	(C) Total Tax	(D) Tax Applicable to Nursing Home
1.	01-14-09-200-00580	Nursing Home	$ 18,828.00	$ 18,828.00
2.	01-14-09-224-003	Nursing Home	$ 2,105.00	$ 2,105.00
3.			$	$
4.			$	$
5.			$	$
6.			$	$
7.			$	$
8.			$	$
9.			$	$
10.			$	$
		TOTALS	$ 20,933.00	$ 20,933.00

B. **Real Estate Tax Cost Allocations**

Does any portion of the tax bill apply to more than one nursing home, vacant property, or property which is not directly used for nursing home services? _____ YES X NO

If YES, attach an explanation & a schedule which shows the calculation of the cost allocated to the nursing home. (Generally the real estate tax cost must be allocated to the nursing home based upon sq. ft. of space used.)

C. **Tax Bills**

Attach a copy of the 2000 tax bills which were listed in Section A to this statement. Be sure to use the 2000 tax bill which is normally paid during 2001.

Facility Name & ID Number Arcola Health Care Center # 0038919 Report Period Beginning: 01/01/01 Ending: 12/31/01

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 22,000 B. General Construction Type: Exterior Brick Frame Wood Number of Stories 1

C. Does the Operating Entity? [X] (a) Own the Facility [ ] (b) Rent from a Related Organization. [ ] (c) Rent from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI. Those checking (c) may complete Schedule XI or Schedule XII-A. See instructions.

D. Does the Operating Entity? [X] (a) Own the Equipment [ ] (b) Rent equipment from a Related Organization [X] (c) Rent equipment from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI-C. Those checking (c) may complete Schedule XI-C or Schedule XII-B. See instructions.

E. List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's groun (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, nurse aide training facilities, etc. List entity name, type of business, square footage, and number of beds/units available (where applicable)

None

F. Does this cost report reflect any organization or pre-operating costs which are being amortized' [ ] YES [X] NO
If so, please complete the following:

1. Total Amount Incurred: N/A 2. Number of Years Over Which it is Being Amortized: N/A

3. Current Period Amortization: N/A 4. Dates Incurred: N/A

Nature of Costs: N/A
(Attach a complete schedule detailing the total amount of organization and pre-operating costs

XI. OWNERSHIP COSTS:

A. Land.

	1 Use	2 Square Feet	3 Year Acquired	4 Cost	
1	Facility	Not	1993	$ 44,078	1
2		Available			2
3	TOTALS			$ 44,078	3

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Arcola Health Care Center # 0038919 Report Period Beginning: 01/01/01 Ending: 12/31/01

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar

	1 Beds*	FOR OHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
4	100		1995	1975	$ 859,153	$ 23,159	35	$ 24,547	$ 1,388	$ 159,555	4
5											5
6											6
7											7
8											8
	Improvement Type**										
9	Building Improvement			1993	13,499		20	675	675	5,737	9
10	Building Improvement			1994	31,000		20	1,550	1,550	11,575	10
11	Building Improvement			1995	10,602	584	20	530	(54)	3,690	11
12	Landscaping			1997	5,593	337	20	280	(57)	1,260	12
13	Parking Lot			1997	6,500	167	20	325	158	1,463	13
14	Carpeting			1997	934	24	20	47	23	211	14
15	Door Closer			1997	1,225	31	20	61	30	275	15
16	Driveway Grading			1998	784	48	15	52	4	182	16
17	Guttering			1998	1,273	33	15	85	52	297	17
18	Wiring			1998	6,426	165	20	321	156	1,124	18
19	Windows			1998	2,330	60	15	155	95	543	19
20	Siding			1998	12,606	323	20	630	307	2,205	20
21	Doors			1998	765	20	15	51	31	179	21
22	Sink			1998	901	23	20	90	67	315	22
23	Garage			1998	8,286	212	15	552	340	1,932	23
24	Wood Flooring			1999	1,174	30	20	59	29	147	24
25	Asphalt Lot			1999	4,680	120	20	234	114	585	25
26	Tile			1999	6,476	166	20	324	158	810	26
27	Vinyl Siding			1999	5,600	144	25	224	80	560	27
28	Door Alarms			2000	1,593	510	20	80	(430)	120	28
29	Water Heater			2000	5,075	1,243	20	254	(989)	381	29
30	Sidewalk			2000	876	22	20	44	22	66	30
31	Carpeting			2000	670	17	20	34	17	51	31
32	Scarf Swags/Valances			2001	6,043	136	20	151	15	151	32
33	Scarf Holders			2001	1,083	24	20	27	3	27	33
34	Fence			2001	2,000	28	20	50	22	50	34
35	Replacement Wall			2001	686	11	20	17	6	17	35
36	Non Medicaid Assets					108			(108)		36

*Total beds on this schedule must agree with page 2

**Improvement type must be detailed in order for the cost report to be considered complete

See Page 12A, Line 70 for total

Facility Name & ID Number Arcola Health Care Center # 0038919 Report Period Beginning: 01/01/01 Ending: 12/31/01

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
37			$	$		$	$	$	37
38									38
39									39
40									40
41									41
42									42
43									43
44									44
45									45
46									46
47									47
48									48
49									49
50									50
51									51
52									52
53									53
54									54
55									55
56									56
57									57
58									58
59									59
60									60
61									61
62									62
63									63
64									64
65									65
66									66
67									67
68									68
69									69
70	TOTAL (lines 4 thru 69)		$ 997,833	$ 27,745		$ 31,449	$ 3,704	$ 193,508	70

SEE ACCOUNTANTS' COMPILATION REPORT

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number Arcola Health Care Center # 0038919 Report Period Beginning: 01/01/01 Ending: 12/31/01

XI. OWNERSHIP COSTS (continued)

C. Equipment Depreciation-Excluding Transportation. (See instructions.)

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	$ 183,516	$ 20,796	$ 18,351	$ (2,445)	10	$ 93,846	71
72	Current Year Purchases	10,721	1,531	536	(995)	10	536	72
73	Fully Depreciated Assets							73
74	Allocated from Home Office			8,502	8,502			74
75	TOTALS	$ 194,237	$ 22,327	$ 27,389	$ 5,062		$ 94,382	75

D. Vehicle Depreciation (See instructions.)*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76	Facility	1994 Dodge Van	1998	$ 28,010	$ 1,775	$ 5,602	$ 3,827	5	$ 19,607	76
77										77
78										78
79										79
80	TOTALS			$ 28,010	$ 1,775	$ 5,602	$ 3,827		$ 19,607	80

E. Summary of Care-Related Assets

		1 Reference	2 Amount		
81	Total Historical Cost	(line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	$ 1,264,158	81	
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	$ 51,847	82	
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	$ 64,440	83	**
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	$ 12,593	84	
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	$ 307,497	85	

F. Depreciable Non-Care Assets Included in General Ledger. (See instructions.)

	1 Description & Year Acquired	2 Cost	Current Book Depreciation 3	Accumulated Depreciation 4	
86	Land & House	$ 78,850	$ 2,504	$ 14,082	86
87	Vending Machine	3,856	344	3,684	87
88	Farnsworth-Expansion		132	132	88
89					89
90					90
91	TOTALS	$ 82,706	$ 2,980	$ 17,898	91

G. Construction-in-Progress

	Description	Cost	
92	Farnsworth-Expansion	$ 8,227	92
93			93
94			94
95		$ 8,227	95

* Vehicles used to transport residents to & from day training must be recorded in XI-F, not XI-D.

** This must agree with Schedule V line 30, column 8.

Facility Name & ID Number Arcola Health Care Center # 0038919 Report Period Beginning: 01/01/01 Ending: 12/31/01

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease: N/A

2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4?
If NO, see instructions. ☐ YES ☐ NO

		1 Year Constructed	2 Number of Beds	3 Date of Lease	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:				$			3
4	Additions							4
5								5
6	Allocated from Home Office				3,602			6
7	TOTAL				$ 3,602 **			7

8. List separately any amortization of lease expense included on page 4, line 34.
This amount was calculated by dividing the total amount to be amortized
by the length of the lease .

9. Option to Buy: ☐ YES ☐ NO Terms: *

10. Effective dates of current rental agreement:
Beginning
Ending

11. Rent to be paid in future years under the current rental agreement:

	Fiscal Year Ending	Annual Rent
12.	/2002	$
13.	/2003	$
14.	/2004	$

B. Equipment-Excluding Transportation and Fixed Equipment. (See instructions.)

15. Is Movable equipment rental included in building rental? ☐ YES ☒ X NO

16. Rental Amount for movable equipment: $ 3,087 Description: Oxygen Concentrators $ 25 , Copier $ 554 , Allocated from Home Office $ 2508
(Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17			$	$	17
18			N/A		18
19					19
20					20
21	TOTAL		$	$	21

* If there is an option to buy the building, please provide complete details on attached schedule.

** This amount plus any amortization of lease expense must agree with page 4, line 34.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Arcola Health Care Center # 0038919 Report Period Beginning: 01/01/01 Ending: 12/31/01

XIII. EXPENSES RELATING TO NURSE AIDE TRAINING PROGRAMS (See instructions.)

A. TYPE OF TRAINING PROGRAM (If aides are trained in another facility program, attach a schedule listing the facility name, address and cost per aide trained in that facility.)

1. HAVE YOU TRAINED AIDES DURING THIS REPORT PERIOD? [ ] YES [X] NO

It is the policy of this facility to only hire certified nurses aides

If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.

2. CLASSROOM PORTION:
   - IN-HOUSE PROGRAM [ ]
   - IN OTHER FACILITY [ ]
   - COMMUNITY COLLEGE [ ]
   - HOURS PER AIDE ____

3. CLINICAL PORTION:
   - IN-HOUSE PROGRAM [ ]
   - IN OTHER FACILITY [ ]
   - HOURS PER AIDE ____

B. EXPENSES

ALLOCATION OF COSTS (d)

		1	2	3	4
		Facility			
		Drop-outs	Completed	Contract	Total
1	Community College Tuition	$	$	$	$
2	Books and Supplies				
3	Classroom Wages (a)				
4	Clinical Wages (b)				
5	In-House Trainer Wages (c)				
6	Transportation				
7	Contractual Payments				
8	Nurse Aide Competency Tests				
9	TOTALS	$	$	$	$
10	SUM OF line 9, col. 1 and 2 (e)	$			

C. CONTRACTUAL INCOME

In the box below record the amount of income your facility received training aides from other facilities.

$

D. NUMBER OF AIDES TRAINED

COMPLETED	
1. From this facility	
2. From other facilities (f)	
DROP-OUTS	
1. From this facility	
2. From other facilities (f)	
TOTAL TRAINED	

(a) Include wages paid during the classroom portion of training. Do not include fringe benefits.
(b) Include wages paid during the clinical portion of training. Do not include fringe benefits.
(c) For in-house training programs only. Do not include fringe benefits.
(d) Allocate based on if the aide is from your facility or is being contracted to be trained in your facility. Drop-out costs can only be for costs incurred by your own aides

(e) The total amount of Drop-out and Completed Costs for your own aides must agree with Sch. V, line 13, col. 8.
(f) Attach a schedule of the facility names and addresses of those facilities for which you trained aides

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Arcola Health Care Center # 0038919 Report Period Beginning: 01/01/01 Ending: 12/31/01

XIV. SPECIAL SERVICES (Direct Cost) (See instructions.)

		1	2	3	4	5	6	7	8	
	Service	Schedule V Line & Column Reference	Staff		Outside Practitioner (other than consultant)		Supplies (Actual or) Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
			Units of Service	Cost	Units	Cost				
1	Licensed Occupational Therapist		hrs	$		$	$		$	1
2	Licensed Speech and Language Development Therapist		hrs							2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist		hrs							4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy		# of prescrpts							9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Exceptional Care Program									12
13	Other (specify):									13
14	TOTAL			$		$	$		$	14

NOTE: This schedule should include fees (other than consultant fees) paid to licensed practitioners. Consultant fees should be detailed on Schedule XVIII-B. Salaries of unlicensed practitioners, such as nurse aides, who help with the above activities should not be listed on this schedule.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number: Arcola Health Care Center # 0038919 Report Period Beginning: 01/01/01 Ending: 12/31/01

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/01 (last day of reporting year)

This report must be completed even if financial statements are attached

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	$ 69,995	$ 69,995	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable Patients (less allowance None)	449,984	449,984	3
4	Supply Inventory (priced a)			4
5	Short-Term Investments			5
6	Prepaid Insurance			6
7	Other Prepaid Expenses	11,010	11,010	7
8	Accounts Receivable (owners or related parties	650,000	650,000	8
9	Other(specify)			9
10	**TOTAL Current Assets (sum of lines 1 thru 9)**	$ 1,180,989	$ 1,180,989	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		44,078	13
14	Buildings, at Historical Cos	1,080,485	997,833	14
15	Leasehold Improvements, at Historical Cos			15
16	Equipment, at Historical Cos	226,103	222,247	16
17	Accumulated Depreciation (book methods	(359,521)	(307,497)	17
18	Deferred Charges		3,605	18
19	Organization & Pre-Operating Cost			19
20	Accumulated Amortization Organization & Pre-Operating Cost			20
21	Restricted Funds			21
22	Other Long-Term Assets (spe Constr. In Process	8,227	8,227	22
23	Other(specify) Non-Care assets		64,808	23
24	**TOTAL Long-Term Assets (sum of lines 11 thru 23)**	$ 955,294	$ 1,033,301	24
25	**TOTAL ASSETS (sum of lines 10 and 24)**	$ 2,136,283	$ 2,214,290	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	$ 131,047	$ 131,047	26
27	Officer's Accounts Payabl			27
28	Accounts Payable-Patient Deposit			28
29	Short-Term Notes Payable	10,000	10,000	29
30	Accrued Salaries Payable	55,231	55,231	30
31	Accrued Taxes Payable (excluding real estate taxes			31
32	Accrued Real Estate Taxes(Sch.IX-B	20,933	20,933	32
33	Accrued Interest Payable	8,106	8,106	33
34	Deferred Compensation			34
35	Federal and State Income Taxe			35
	Other Current Liabilities(specify):			
36	Accrued Expenses	9,944	9,944	36
37				37
38	**TOTAL Current Liabilities (sum of lines 26 thru 37)**	$ 235,261	$ 235,261	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable	450,000	450,000	39
40	Mortgage Payable	1,235,028	1,235,028	40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43				43
44				44
45	**TOTAL Long-Term Liabilities (sum of lines 39 thru 44)**	$ 1,685,028	$ 1,685,028	45
46	**TOTAL LIABILITIES (sum of lines 38 and 45)**	$ 1,920,289	$ 1,920,289	46
47	**TOTAL EQUITY(page 18, line 24)**	$ 215,994	$ 294,001	47
48	**TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)**	$ 2,136,283	$ 2,214,290	48

SEE ACCOUNTANTS' COMPILATION REPORT

***(See instructions.)**

Facility Name & ID Number Arcola Health Care Center # 0038919 Report Period Beginning: 01/01/01 Ending: 12/31/01

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	**Balance at Beginning of Year, as Previously Reported**	$ 323,255	1
2	Restatements (describe):		2
3			3
4	**Prior period adjustment**	(52,048)	4
5			5
6	**Balance at Beginning of Year, as Restated (sum of lines 1-5)**	$ 271,207	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	91,787	7
8	Aquisitions of Pooled Companies		8
9	Proceeds from Sale of Stock		9
10	Stock Options Exercised		10
11	Contributions and Grants		11
12	Expenditures for Specific Purposes		12
13	Dividends Paid or Other Distributions to Owners	(147,000)	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe)		15
16	Other (describe)		16
17	**TOTAL Additions (deductions) (sum of lines 7-16)**	$ (55,213)	17
	B. Transfers (Itemize):		
18			18
19			19
20			20
21			21
22			22
23	**TOTAL Transfers (sum of lines 18-22)**	$	23
24	**BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)**	$ 215,994	24 *

Operating entity only

*** This must agree with page 17, line 47.**

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Arcola Health Care Center # 0038919 Report Period Beginning: 01/01/01 Ending: 12/31/01

XVII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required classifications of revenue and expense must be provided on this form, even if financial statements are attached.

Note: This schedule should show gross revenue and expenses. Do not net revenue against expense.

	Revenue	1 Amount	
	A. Inpatient Care		
1	Gross Revenue -- All Levels of Care	$ 2,520,029	1
2	Discounts and Allowances for all Levels		2
3	**SUBTOTAL Inpatient Care (line 1 minus line 2)**	$ 2,520,029	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy		6
7	Oxygen		7
8	**SUBTOTAL Ancillary Revenue (lines 4 thru 7)**	$	8
	C. Other Operating Revenue		
9	Payments for Education		9
10	Other Government Grants		10
11	Nurses Aide Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care		13
14	Non-Patient Meals	3,094	14
15	Telephone, Television and Radio	3,810	15
16	Rental of Facility Space		16
17	Sale of Drugs		17
18	Sale of Supplies to Non-Patients		18
19	Laboratory		19
20	Radiology and X-Ray		20
21	Other Medical Services	100	21
22	Laundry		22
23	**SUBTOTAL Other Operating Revenue (lines 9 thru 22)**	$ 7,004	23
	D. Non-Operating Revenue		
24	Contributions		24
25	Interest and Other Investment Income***	31,915	25
26	**SUBTOTAL Non-Operating Revenue (lines 24 and 25)**	$ 31,915	26
	E. Other Revenue (specify):**		
27	**Settlement Income (Insurance, Legal, Etc.)**		27
28	See Schedule 19A	25,208	28
28a			28a
29	**SUBTOTAL Other Revenue (lines 27, 28 and 28a)**	$ 25,208	29
30	**TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)**	$ 2,584,156	30

	Expenses	2 Amount	
	A. Operating Expenses		
31	General Services	609,386	31
32	Health Care	921,518	32
33	General Administration	656,460	33
	B. Capital Expense		
34	Ownership	224,589	34
	C. Ancillary Expense		
35	Special Cost Centers	25,666	35
36	Provider Participation Fee	54,750	36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	**TOTAL EXPENSES (sum of lines 31 thru 39)***	$ 2,492,369	40
41	**Income before Income Taxes (line 30 minus line 40)****	91,787	41
42	**Income Taxes**		42
43	**NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)**	$ 91,787	43

* **This must agree with page 4, line 45, column 4.**

** **Does this agree with taxable income (loss) per Federal Income Tax Return? No If not, please attach a reconciliation. Entity is a tax basis taxpayer**

*** **See the instructions. If this total amount has not been offset against interest expense on Schedule V, line 32, please include a detailed explanation. SEE ACCOUNTANTS' COMPILATION REPORT**

**** **Provide a detailed breakdown of "Other Revenue" on an attached sheet.**

Arcola Health Care Center
Provider # 0038919
12/31/2001

XVII. INCOME STATEMENT

Schedule 19A

Vending Machine income	$	22,811
Miscellaneous Income		2,397
Total	**$**	**25,208**

See Accountants' Compilation Report

Facility Name & ID Number Arcola Health Care Center # 0038919 Report Period Beginning: 01/01/01 Ending: 12/31/01

XVIII. A. STAFFING AND SALARY COSTS (Please report each line separately.)
(This schedule must cover the entire reporting period.

		1 # of Hrs. Actually Worked	2** # of Hrs. Paid and Accrued	3 Reporting Period Total Salaries, Wages	4 Average Hourly Wage	
1	Director of Nursing	2,080	2,080	$ 38,000	$ 18.27	1
2	Assistant Director of Nursing	2,080	2,080	32,722	15.73	2
3	Registered Nurses	5,801	5,865	103,484	17.64	3
4	Licensed Practical Nurses	11,678	12,234	172,972	14.14	4
5	Nurse Aides & Orderlies	43,188	44,754	384,006	8.58	5
6	Nurse Aide Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	1,538	1,624	14,415	8.88	8
9	Activity Director	1,820	1,820	15,269	8.39	9
10	Activity Assistants	1,626	1,666	11,958	7.18	10
11	Social Service Workers	4,003	4,027	56,533	14.04	11
12	Dietician	270	270	6,535	24.20	12
13	Food Service Supervisor	2,051	2,051	17,089	8.33	13
14	Head Cook					14
15	Cook Helpers/Assistants	15,812	16,261	108,390	6.67	15
16	Dishwashers					16
17	Maintenance Workers	2,733	2,733	32,976	12.07	17
18	Housekeepers	12,838	12,969	90,108	6.95	18
19	Laundry	6,911	7,184	42,754	5.95	19
20	Administrator	2,080	2,080	46,571	22.39	20
21	Assistant Administrator					21
22	Other Administrative	662	662	126,552	191.17	22
23	Office Manager					23
24	Clerical	6,100	6,180	74,109	11.99	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator					29
30	Habilitation Aides (DD Homes)					30
31	Medical Records					31
32	Other Health C: Care Plan Coord.	1,834	1,878	32,928	17.53	32
33	Other(specify)					33
34	TOTAL (lines 1 - 33)	125,105	128,418	$ 1,407,371 *	$ 10.96	34

B. CONSULTANT SERVICES

		1 Number of Hrs. Paid & Accrued	2 Total Consultant Cost for Reporting Period	3 Schedule V Line & Column Reference	
35	Dietary Consultant	35	$ 1,349	L1, C3	35
36	Medical Director	Monthly	12,900	L9, C3	36
37	Medical Records Consultant		338	L10, C3	37
38	Nurse Consultant				38
39	Pharmacist Consultant	Monthly	1,100	L10, C3	39
40	Physical Therapy Consultant	3	180	L10a, C3	40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant	1	66	L10a, C3	43
44	Activity Consultant	44	1,416	L11, C3	44
45	Social Service Consultant	44	1,166	L12, C3	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)	127	$ 18,515		49

C. CONTRACT NURSES

		1 Number of Hrs. Paid & Accrued	2 Total Contract Wages	3 Schedule V Line & Column Reference	
50	Registered Nurses		$		50
51	Licensed Practical Nurses		N/A		51
52	Nurse Aides				52
53	TOTAL (lines 50 - 52)		$		53

SEE ACCOUNTANTS' COMPILATION REPORT

* This total must agree with page 4, column 1, line 45.

** See instructions.

Facility Name & ID Number Arcola Health Care Center # 0038919 Report Period Beginning: 01/01/01 Ending: 12/31/01

XIX. SUPPORT SCHEDULES

A. Administrative Salaries

Name	Function	Ownership %	Amount
Karla Schneider	Administrator	0.00%	$ 46,571
James Petersen	Administrative	100.00%	88,261
Mark Petersen	Administrative	0.00%	38,291
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)			$ 173,123

B. Administrative - Other

Description	Amount
Management Fees (eliminated in column 7)	$ 82,775
TOTAL (agree to Schedule V, line 17, col. 3) (Attach a copy of any management service agreement)	$ 82,775

C. Professional Services

Vendor/Payee	Type	Amount
ADP	Payroll Services	$ 6,960
Mid American Programming	Computer Services	1,500
AOL	Computer Services	299
AHCA	Computer Services	600
Ginoli & Co.	Accounting	2,803
Altschuler, Melvoin & Glasser LLP	Accounting	3,500
Bush, Snyder & Associates	Legal	449
Kingery, Durree, Wakeman & Ryan	Legal	14,889
TOTAL (agree to Schedule V, line 19, column 3) (If total legal fees exceed $2500 attach copy of invoices.)		$ 31,000

D. Employee Benefits and Payroll Taxes

Description	Amount
Workers' Compensation Insurance	$ 45,133
Unemployment Compensation Insurance	12,774
FICA Taxes	90,390
Employee Health Insurance	44,905
Employee Meals	
Illinois Municipal Retirement Fund (IMRF)*	
401 K Management Fee	2,816
Employee Relations	7,433
Allocated from Home Office	17,783
TOTAL (agree to Schedule V, line 22, col.8)	$ 221,234

E. Schedule of Non-Cash Compensation Paid to Owners or Employees

Description	Line #	Amount
		$
N/A		
TOTAL		$

F. Dues, Fees, Subscriptions and Promotions

Description	Amount
IDPH License Fee	$
Advertising: Employee Recruitment	3,205
Health Care Worker Background Check	
(Indicate # of checks performed 23)	276
Various Licenses	210
Illinois Health Care Association	4,848
Miscellaneous Dues	500
Various Subscriptions	230
Allocated from Home Office	446
Less: Public Relations Expense	( )
Non-allowable advertising	( )
Yellow page advertising	( )
TOTAL (agree to Sch. V, line 20, col. 8)	$ 9,715

G. Schedule of Travel and Seminar**

Description	Amount
Out-of-State Travel	$
In-State Travel	380
Seminar Expense	1,966
Allocated from Home Office	1,863
Entertainment Expense	( )
TOTAL (agree to Sch. V, line 24, col. 8)	$ 4,209

* Attach copy of IMRF notifications

**See instructions.

Facility Name Arcola Health Care Center
PROVIDER # 0038919
Period Ending 12/31/01

Schedule 21C

XIX. SUPPORT SCHEDULE
C. Professional Services

Total (agree to Schedule V, line 19, column 3)	31,000
Home Office Allocation- Computer Services	1,479
Home Office Allocation- Accounting-AM&G	28
Home Office Allocation- Accounting-Ginol	2,871
Home Office Allocation- Accounting-Brighton	114
Home Office Allocation- Legal-Bush Snyder & Associates	316
Total (agree to Schedule V, line 19, column 8)	35,808

See Accountants' Compilation Report

Facility Name & ID Number Arcola Health Care Center # 0038919 Report Period Beginning: 01/01/01 Ending: 12/31/01

XIX-H. SUPPORT SCHEDULE - DEFERRED MAINTENANCE COSTS (which have been included in Sch. V, line 6, col. 3).
(See instructions.)

	1	2	3	4	5	6	7	8	9	10	11	12	13
	Improvement Type	Month & Year Improvement Was Made	Total Cost	Useful Life	Amount of Expense Amortized Per Year								
					FY1998	FY1999	FY2000	FY2001	FY2002	FY2003	FY2004	FY2005	FY2006
1	Deferred Maintenance	2000	$ 7,211	3 yrs	$	$	$ 1,202	$ 2,404	$ 2,404	$ 1,201	$	$	$
2													
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													
13													
14													
15													
16													
17													
18													
19													
20	TOTALS		$ 7,211		$	$	$ 1,202	$ 2,404	$ 2,404	$ 1,201	$	$	$

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Arcola Health Care Center # 0038919 Report Period Beginning: 01/01/01 Ending: 12/31/01

XX. GENERAL INFORMATION:

(1) Are nursing employees (RN,LPN,NA) represented by a union **No**

(2) Are there any dues to nursing home associations included on the cost repor **Yes**
If YES, give association name and amount **Illinois Health Care Association $ 4,848**

(3) Did the nursing home make political contributions or payments to a politic
action organization? **Yes** If YES, have these costs
been properly adjusted out of the cost report **Yes**

(4) Does the bed capacity of the building differ from the number of beds licensed at tl
end of the fiscal year? **No** If YES, what is the capacity? **N/A**

(5) Have you properly capitalized all major repairs and equipment purchase **Yes**
What was the average life used for new equipment added during this period **10**

(6) Indicate the total amount of both disposable and non-disposable diaper expen
and the location of this expense on Sch. V. $ **1,838** Line **10**

(7) Have all costs reported on this form been determined using accounting procedur
consistent with prior reports? **Yes** If NO, attach a complete explanation

(8) Are you presently operating under a sale and leaseback arrangemen **No**
If YES, give effective date of lease **N/A**

(9) Are you presently operating under a sublease agreement YES **X** NO

(10) Was this home previously operated by a related party (as is defined in the instructions f
Schedule VII)? YES NO **X** If YES, please indicate name of the facility
IDPH license number of this related party and the date the present owners took ove
N/A

(11) Indicate the amount of the Provider Participation Fees paid and accrued to the Departme
of Public Aid during this cost report period. **54,750**
This amount is to be recorded on line 42 of Schedule V

(12) Are there any salary costs which have been allocated to more than one line on Schedule
for an individual employee **No** If YES, attach an explanation of the allocation

SEE ACCOUNTANTS' COMPILATION REPORT

(13) Have costs for all supplies and services which are of the type that can be billed
the Department of Public Aid, in addition to the daily rate, been properly classifi
in the Ancillary Section of Schedule V **N/A**

(14) Is a portion of the building used for any function other than long term care services f
the patient census listed on page 2, Section B **No** For example,
is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, atta
a schedule which explains how all related costs were allocated to these function

(15) Indicate the cost of employee meals that has been reclassified to employee benef
on Schedule V. $ **0** Has any meal income been offset agains
related costs? **Yes** Indicate the amount. $ **3,094**

(16) Travel and Transportation
a. Are there costs included for out-of-state travel **No**
If YES, attach a complete explanation
b. Do you have a separate contract with the Department to provide medical transportation f
residents? **No** If YES, please indicate the amount of income earned from such
program during this reporting period. **N/A**
c. What percent of all travel expense relates to transportation of nurses and patient **None**
d. Have vehicle usage logs been maintained **N/A**
e. Are all vehicles stored at the nursing home during the night and all oth
times when not in use? **N/A**
f. Has the cost for commuting or other personal use of autos been adjuste
out of the cost report? **N/A**
g. Does the facility transport residents to and from day training? No
Indicate the amount of income earned from providing such
transportation during this reporting period. $ N/A

(17) Has an audit been performed by an independent certified public accounting firm **No**
Firm Name: **N/A** The instructions for the
cost report require that a copy of this audit be included with the cost report. Has this co
been attached? **N/A** If no, please explain **N/A**

(18) Have all costs which do not relate to the provision of long term care been adjusted o
out of Schedule V? **Yes**

(19) If total legal fees are in excess of $2500, have legal invoices and a summary of servic
performed been attached to this cost report **Yes**
Attach invoices and a summary of services for all architect and appraisal fe

	Salaries	Supplies	Other	Total	Reclass-ifications	Reclassified Total	Adjustments	Adjusted Total
1. Dietary	132,014	15,498	1,349	148,861	0	148,861	31	148,892
2. Food Purchase	0	157,720	0	157,720	0	157,720	-3,094	154,626
3. Housekeeping	90,108	12,493	0	102,601	0	102,601	0	102,601
4. Laundry	42,754	7,658	0	50,412	0	50,412	0	50,412
5. Heat and Other Utilities	0	0	80,587	80,587	0	80,587	572	81,159
6. Maintenance	32,976	29,881	6,348	69,205	0	69,205	3,104	72,309
7. Other (specify)*	0	0	0	0	0	0	0	0
8. Total General Services	297,852	223,250	88,284	609,386	0	609,386	613	609,999
9. Medical Director	0	0	12,900	12,900	0	12,900	0	12,900
10. Nursing & Medical Records	778,527	40,357	1,438	820,322	0	820,322	-100	820,222
10a. Therapy	0	0	246	246	0	246	0	246
11. Activities	27,227	1,396	1,416	30,039	0	30,039	0	30,039
12. Social Services	56,533	312	1,166	58,011	0	58,011	6	58,017
13. Nurse Aide Training	0	0	0	0	0	0	0	0
14. Program Transportation	0	0	0	0	0	0	0	0
15. Other (specify)*	0	0	0	0	0	0	0	0
16. Total Health Care & Programs	862,287	42,065	17,166	921,518	0	921,518	-94	921,424
17. Administrative	173,123	0	82,775	255,898	0	255,898	-82,775	173,123
18. Directors Fees	0	0	0	0	0	0	0	0
19. Professional Services	0	0	31,000	31,000	0	31,000	4,808	35,808
20. Fees, Subscriptions & Promotion	0	0	9,689	9,689	0	9,689	26	9,715
21. Clerical & General Office	74,109	7,000	15,979	97,088	0	97,088	11,430	108,518
22. Employee Benefits & Payroll	0	0	203,451	203,451	0	203,451	17,783	221,234
23. Inservice Training & Education	0	0	1,217	1,217	0	1,217	63	1,280
24. Travel and Seminar	0	0	2,346	2,346	0	2,346	1,863	4,209
25. Other Admin. Staff Trans	0	0	5,287	5,287	0	5,287	2,077	7,364
26. Insurance-Prop.Liab.Malpractice	0	0	50,484	50,484	0	50,484	2,577	53,061
27. Other (specify)*	0	0	0	0	0	0	0	0
28. Total General Adminis	247,232	7,000	402,228	656,460	0	656,460	-42,148	614,312
29. Total General Administrative	1,407,371	272,315	507,678	2,187,364	0	2,187,364	-41,629	2,145,735
30. Depreciation	0	0	54,827	54,827	0	54,827	9,613	64,440
31. Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0
32. Interest	0	0	147,640	147,640	0	147,640	-35,197	112,443
33. Real Estate	0	0	21,543	21,543	0	21,543	-2,650	18,893
34. Rent - Facility & Grounds	0	0	0	0	0	0	3,602	3,602
35. Rent - Equipment & Vehicles	0	0	579	579	0	579	2,508	3,087
36. Other (specify):*	0	0	0	0	0	0	0	0
37. Total Ownership	0	0	224,589	224,589	0	224,589	-22,124	202,465
38. Medically Necessary T	0	0	0	0	0	0	0	0
39. Ancillary Service Cent	0	0	0	0	0	0	0	0
40. Barber and Beauty Shop	0	0	0	0	0	0	0	0
41. Coffee and Gift Shops	0	0	0	0	0	0	0	0
42	0	0	54,750	54,750	0	54,750	0	54,750
43. Other (specify):*	0	0	25,666	25,666	0	25,666	-25,666	0
44. Total Special Cost Ce	0	0	80,416	80,416	0	80,416	-25,666	54,750
45. Grand Total	1,407,371	272,315	812,683	2,492,369	0	2,492,369	-89,419	2,402,950

	Operating	After Consolidation
General Service Cost Center		
1. Cash on hand and in banks	69,995	69,995
2. Cash - Patient Deposits	0	0
3. Accounts & Notes Recievable	449,984	449,984
4. Supply Inventory	0	0
5. Short-Term Investments	0	0
6. Prepaid Insurance	0	0
7. Other Prepaid Expenses	11,010	11,010
8. Accounts Receivable-Owner/Related Party	650,000	650,000
9. Other (specify):	0	0
10. Total current assets	1,180,989	1,180,989
LONG TERM ASSETS		
11. Long-Term Notes Receivable	0	0
12. Long-Term Investments	0	0
13. Land	0	44,078
14. Buildings, at Historical Cost	1,080,485	997,833
15. Leasehold Improvements, Historical Cost	0	0
16. Equipment, at Historical Cost	226,103	222,247
17. Accumulated Depreciation (book methods)	-359,521	-307,497
18. Deferred Charges	0	3,605
19. Organization & Pre-Operating Costs	0	0
20. Accum Amort - Org/Pre-Op Costs	0	0
21. Restricted Funds	0	0
22. Other Long-Term Assets (specify):	8,227	8,227
23. other (specify):	0	64,808
24. Total Long-Term Assets	955,294	1,033,301
25. Total Assets	2,136,283	2,214,290
CURRENT LIABILITIES		
26. Accounts Payable	131,047	131,047
27. Officer's Accounts Payable	0	0
28. Accounts Payable-Patients Deposits	0	0
29. Short-Term Notes Payable	10,000	10,000
30. Accrued Salaries Payable	55,231	55,231
31. Accrued Taxes Payable	0	0
32. Accrued Real Estate Taxes	20,933	20,933
33. Accrued Interest Payable	8,106	8,106
34. Deferred Compensation	0	0
35. Federal and State Income Taxes	0	0
36. Other Current Liabilities (specify):	9,944	9,944
37. Other Current Liabilities (specify):	0	0
38. Total Current Liabilities	235,261	235,261
LONG TERM LIABILITES		
39.Long-Term Notes Payable	450,000	450,000
40.Mortgage Payable	1,235,028	1,235,028
41.Bonds Payable	0	0
42.Deferred Compensation	0	0
43.Other Long-Term Liabilities (specify):	0	0
44.Other Long-Term Liabilities (specify):	0	0
45.Total Long-Term Liabilities	1,685,028	1,685,028
46.Total Liabilities	1,920,289	1,920,289
47.Total Equity	215,994	294,001
48.Total Liabilities and Equity	2,136,283	2,214,290

		Balance per Medicaid Trial Balance
1.	Gross Revenue - All levels of Care	2,520,029
2.	Discounts and Allowances for all Levels	0
	Subtotal - Inpatient Care	2,520,029
4.	Day Care	0
5.	Other Care for Outpatients	0
6.	Therapy	0
7.	Oxygen	0
	Subtotal - Anciliary Revenue	0
9.	Payments for Education	0
10.	Other Governmental Grants	0
11.	Nurses Aide Training Reimbursements	0
12.	Gift and Coffee Shop	0
13.	Barber and Beauty Care	0
14.	Non-Patient Meals	3,094
15.	Telephone, Television, and Radio	3,810
16.	Rental of Facility Space	0
17.	Sale of Drugs	0
18.	Sale of Supplies to Non-Patients	0
19.	Laboratory	0
20.	Radiologyand X-Ray	0
21.	Other Medical Services	100
22.	Laundry	0
	Subtotal - Other Operating Revenue	7,004
24.	Contributions	0
25.	Interest and Other Investments Income	31,915
	Subtotal - Non-Operating Revenue	31,915
27.	Other Revenue (specify):	25,208
28.	Other Revenue (specify):	0
	Subtotal - Other Revenue	25,208
30.	Total Revenue	2,584,156
31.	General Services	609,386
32.	Health Care	921,518
33.	General Administration	656,460
34.	Ownership	224,589
35.	Special Cost Centers	25,666
35.	Provider Participation Fee	54,750
37.	Other	0
40.	Total Expenses	2,492,369
41.	Income Before Income Taxes	91,787
42.	Income Taxes	0
43.	Net Income or Loss for the Year	91,787

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10 Attachment of Real Estate Bill and fill out form

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12 P12 does not show totals, it carries to P12a, therefore P12a must always be attached
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19 The bottom right side of page under **, you must write in any comments
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RECONCILIATION REPORT **Arcola Health Care Cent** **01:59 PM** **11/07/05**

ITEM	Value 1	Cond.	Value 2	Difference	RESULTS	COMPARE CEL	SUB-SCHED.	LINE NO.	COL. NO.	WITH CELL	SUB-SCHED.	LINE NO.	COL. NO.
Adjustment Detail	-89,419	equal to	-89,419	0	O.K.	Pg5 Z22	B.	37	1	Pg4 K29	N/A	45	7
Interest Expense	112,443	equal to	112,443	0	O.K.	Pg9 P34	A.	15	10	Pg4 L13	N/A	32	8
Real Estate Tax Expenses	18,893	equal to	18,893	0	O.K.	Pg10 W24	B.	5	N/A	Pg4 L14	N/A	33	8
Amortization exp. Pre-opening & org.	N/A	equal to	0	#VALUE!	#VALUE!	Pg11 I33	E.	3	N/A	Pg4 L12	N/A	31	8
Ownership Costs-Depreciation	64,440	equal to	64,440	0	O.K.	Pg13 Y28	E.	49	2	Pg4 L11	N/A	30	8
Rental Costs A	3,602	equal to	3,602	0	O.K.	Pg14 L20+N22	A.	7 + 8	4+N/A	Pg4 L15	N/A	34	8
Rental Costs B	3,087	equal to	3,087	0	O.K.	Pg14 J30+N40	B.+ C.	16+21	N/A+4	Pg4 L16	N/A	35	8
Nurse Aid Training Prog.	0	equal to	0	0	O.K.	Pg15 L36	B.	10	1	Pg3 L23	N/A	13	8
Special Serv.- Staff Wages		equal to		0	O.K.	Pg16 N32	N/A	14	3	Pg4 E22	N/A	39	1
Therapy Services	246	equal to	246	0	O.K.	Pg16 Z12+Z14.	N/A;B	1-4;40-43	8;2	Pg3 H20	N/A	1Oa	4
Special Serv.- Supplies		equal to	#VALUE!	#VALUE!	#VALUE!	Pg16 V32	N/A	14	6	Pg4 F22 + Pg 3	N/A	39,10a	2
Income Stat. General Serv.	609,386	equal to	609,386	0	O.K.	Pg19 P11	N/A	31	2	Pg3 H16	N/A	8	4
Income Stat. Health Care	921,518	equal to	921,518	0	O.K.	Pg19 P12	N/A	32	2	Pg3 H26	N/A	16	4
Income Stat. Admininstation	656,460	equal to	656,460	0	O.K.	Pg19 P13	N/A	33	2	Pg3 H39	N/A	28	4
Income Stat. Ownership	224,589	equal to	224,589	0	O.K.	Pg19 P15	N/A	34	2	Pg4 H18	N/A	37	4
Income Stat. Special Cost Ctr	25,666	equal to	25,666	0	O.K.	Pg19 P17	N/A	35	2	Pg4 H21..H24+I	N/A	38to41+43	4
Income Stat. Prov. Partic.	54,750	equal to	54,750	0	O.K.	Pg19 P18	N/A	36	2	Pg4 H25	N/A	42	4
Staff- Nursing	764,112	equal to	778,527	-14,415	FAILED	Pg20 K11..K15	A.	1-5,24,25,27-30	3	Pg3 E19	N/A	10	1
Staff- Nurse aide Training	0	< or = to		0	O.K.	Pg20 K16	A.	6	3	Pg3 E23	N/A	13	1
Staff-Licensed Therapist	0	equal to		0	O.K.	Pg20 K17	A.	7	3	Pg4 E22	N/A	39	1
Staff- Activities	27,227	equal to	27,227	0	O.K.	Pg20 K19+K20	A.	9+10	3	Pg3 E21	N/A	11	1
Staff- Social Serv. Workers	56,533	equal to	56,533	0	O.K.	Pg20 K21	A.	11	3	Pg3 E22	N/A	12	1
Staff- Dietary	132,014	equal to	132,014	0	O.K.	Pg20 K22..K26	A.	16-Dec	3	Pg3 E9	N/A	1	1
Staff- Maintenance	32,976	equal to	32,976	0	O.K.	Pg20 K27	A.	17	3	Pg3 E14	N/A	6	1
Staff- Housekeeping	90,108	equal to	90,108	0	O.K.	Pg20 K28	A.	18	3	Pg3 E11	N/A	3	1
Staff- Laundry	42,754	equal to	42,754	0	O.K.	Pg20 K29	A.	19	3	Pg3 E12	N/A	4	1
Staff- Administrative	173,123	equal to	173,123	0	O.K.	Pg20 K30..K32	A.	20-22	3	Pg3 E28	N/A	17	1
Staff- Clerical	74,109	equal to	74,109	0	O.K.	Pg20 K33..K34	A.	23+24	3	Pg3 E32	N/A	21	1
Staff- Medical Director	0	equal to		0	O.K.	Pg20 K37	A.	27	3	Pg3 E18	N/A	9	1
Total Salaries And Wages	1,407,371	equal to	1,407,371	0	O.K.	Pg20 K44	A.	34	3	Pg4 E29	N/A	45	1
Dietary Consultant	1,349	< or = to	1,349	0	O.K.	Pg20 X12	B.	35	2	Pg3 G9	N/A	1	3
Medical Director	12,900	< or = to	12,900	0	O.K.	Pg20 X13	B.	36	2	Pg3 G18	N/A	9	3
Consultants & contractors	1,438	< or = to	1,438	0	O.K.	Pg20 X14..X16	B. & C.	I7to39 and 50to5	2	Pg3 G19	N/A	10	3
Activity Consultant	1,416	< or = to	1,416	0	O.K.	Pg20 X21	B.	44	2	Pg3 G21	N/A	11	3
Social Service Consultant	1,166	< or = to	1,166	0	O.K.	Pg20 X22	B.	45	2	Pg3 G22	N/A	12	3
Supp. Sched.- Admin. Salar.	173,123	equal to	173,123	0	O.K.	Pg21 I16	A.	N/A	N/A	Pg3 E28	N/A	17	1
Supp. Sched.- Admin. Other	82,775	equal to	82,775	0	O.K.	Pg21 I24	B.	N/A	N/A	Pg3 G28	N/A	17	3
Supp. Sched.- Prof. Serv.	31,000	equal to	31,000	0	O.K.	Pg21 I41	C.	N/A	N/A	Pg3 G30	N/A	19	3
Supp. Sched.- Benefit/Taxes	221,234	equal to	221,234	0	O.K.	Pg21 P22	D.	N/A	N/A	Pg3 L33	N/A	22	8
Supp. Sched.- Sched of dues..	9,715	equal to	9,715	0	O.K.	Pg21 V22	F.	N/A	N/A	Pg3 L31	N/A	20	8
Supp. Sched.- Sched. of trav	4,209	equal to	4,209	0	O.K.	Pg21 V41	G.	N/A	N/A	Pg3 L35	N/A	24	8
Gen. Info - Particip. Fees	54,750	equal to	54,750	0	O.K.	Pg23 I38	N/A	11	N/A	Pg4 G25	N/A	42	3
Gen. Info - Employee Meals	0	< or = to	17,783	-17,783	O.K.	Pg23 S16	N/A	16	N/A	Pg3 K33	N/A	2 & 22	7
Gen. Info - Employee Meals	0	equal to	0	0	O.K.	Pg23 S16	N/A	16	N/A	Pg21 P12	D.	N/A	N/A
Nurse aide training	0	equal to		0	O.K.	Pg15 U29..U31	B.	3, 4 & 5	4	Pg3 E23	N/A	13	1
Days of medicare provided	0	equal to	0	0	O.K.	Pg2 AB29	K.	N/A	N/A	Pg2 J30	B.	8	4
Adjustment for related org. costs	-22,042	equal to	-22,042	0	O.K.	Pg5 Z18	B.	34	1	Pg6 to Pg 6I Y4	B.	14	8
Total loan balance	1,695,028	equal to	1,695,028	0	O.K.	Pg9 L34	A.	15	7	Pg17 V13+V27.	N/A	29+39-41	2
Real estate tax accrual	20,933	equal to	20,933	0	O.K.	Pg10 W15	B.	4	N/A	Pg17 V17	N/A	32	2
Land	44,078	equal to	44,078	0	O.K.	Pg11 T43	A.	3	4	Pg17 K25	N/A	13	2
Building cost	997,833	equal to	997,833	0	O.K.	Pg12 to 12I L43	B.	36	4	Pg17 K26+K27	N/A	14 & 15	2
Equipment and vehicle cost	222,247	equal to	222,247	0	O.K.	Pg13 O22+L13	C.& D.	41 + 46	1 + 4	Pg17 K28	N/A	16	2
Accumulated depr.	307,497	equal to	307,497	0	O.K.	Pg13 Y30	E.	51	2	Pg17 K29	N/A	17	2
End of year equity	215,994	equal to	215,994	0	O.K.	Pg18 I33	N/A	24	1	Pg17 S39	N/A	47	1
Net income (loss)	91,787	equal to	91,787	0	O.K.	Pg18 I15	N/A	7	1	Pg19 P30	N/A	43	2
Unamortized deferred maint. cost	3,605	equal to	3,605	0	O.K.	Pg22 F31-J31..S	H.	20	3	Pg17 K30	N/A	18	2
Balance Sheet	2,136,283	equal to	2,136,283	0	O.K.	Pg17:H41		25	1	Pg17 S41	N/A	48	1